

3
2/22/01
JL

AO 440 (Rev. 10/93) Summons in a Civil Case

United States District Court

MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL CASE

Darrell G. Ober

CASE NUMBER: 1:01-CV-084

Judge Caldwell

v.

**Paul Evanko, Mark Campbell, Thomas Coury,
Joseph Westcott and Hawthorne Conley**

FILED
HARRISBURG

FEB 21 2001

MARY E. D'ANDREA, CLERK
Per P DEPUTY CLERK

To: (For the name and address of defendant(s): **SEE COMPLAINT**)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY
Don Bailey 4311 N. 6th Street Harrisburg, PA 17110

an answer to the complaint which is herewith served upon you, within 20 (twenty) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MARY E. D'ANDREA, Clerk

(By) P. Cornelious, Deputy Clerk

DATE: Jan. 16, 2001

FILED
HARRISBURG

FEB 21 2001

Per MARY E. D'ANDREA, CLERK
DEPUTY CLERK

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

RETURN OF SERVICE OF PROCESS

PLAINTIFF Daryl Obale COURT CASE NUMBER 1:01-CV-084
 DEFENDANT Emmeline et al. TYPE OF PROCESS Certified Mail

SERVE Sever Shacked

(Name individual, company; corporation, etc. to be served)

AT 1800 Elmeton Ave, Allg Pa 17110
 (Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT:

- I have personally served individual, company or corporation above.
- I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is _____ . If certified mail was authorized, attach green cards to this form.
- I have legal evidence of service, described under Remarks and attached hereto.
 (Domiciliary service, Substituted service.)
- I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: _____

TITLE (IF ANY) OF PERSON SERVED: _____

ADDRESS WHERE SERVED: _____

DATE AND TIME OF PERSONAL SERVICE: _____

REMARKS: _____

1/23/01
 Date

Adrienne Bailey
 Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:
 OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT
 (Clerk's address in which the assigned judge is located. Refer to the
 Notice of Judicial Assignment form.)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Muthrone Omley
1800 Clementon Ave
Wing, Pa 17110*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>JAN 24 2001</i>	
C. Signature	
<i>Muthrone Omley</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Article Number (Copy from service label)

7099 3400 0016 0532 1769

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

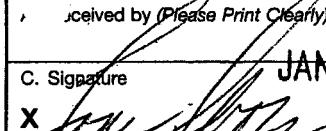
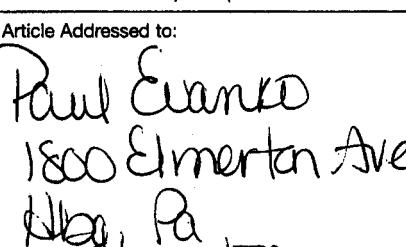
*Joseph Westcott
1800 Clementon Ave
Wing, Pa 17110*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>JAN 22 2001</i>	
C. Signature	<i>Joseph Westcott</i>
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Service Type
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail
<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number (Copy from service label)
<i>7099 3400 0016 0532 1765</i>
PS Form 3811, July 1999
Domestic Return Receipt
102595-00-M-0952

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>Received by (Please Print Clearly) <input type="text"/> B. Date of Deliv <input type="text"/> C. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="text"/> E. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
1. Article Addressed to: 			

2. Article Number (Copy from service label)

~~7099 3400 0016 0532 7716~~

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

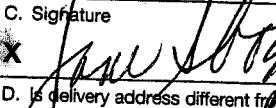
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <u>S. Cohn</u></p> <p>B. Date of Delivery <u>JAN 18 2001</u></p> <p>C. Signature <u>S. Cohn</u></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If YES, enter delivery address below:</p> <p>Mark Campbell Governor's Ex. Office 225 Main Capitol Hbg, Pa. 17120</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	

2. Article Number (Copy from page 1)

2. Article Number (Copy from service label) 2099-2400 0016 0582 34

PS Form 3814-3 July 1999

103595-00 M 0050

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) DBO Date of delivery JAN 29 2001</p> <p>C. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>Thomas Cary 1800 Elmenton Ave Hbg, Pa 17110</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

2. Article Number (Copy from service label)

7844 3400 00160832 TSD